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LETTERS

IRON SUPPLEMENTATION IN PREGNANCY

Author's reply to Steer

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I disagree with Steer's statement that oral iron supplementation in pregnancy has only marginal benefit¹ because I think that Haider and colleagues' study and Pena-Rosas and colleagues' updated Cochrane review prove the opposite.²⁻⁴ I do agree, however, that oral iron often has unpleasant side effects and that an entire population should not be exposed to it without good reason.

Ideally, supplementation should be guided by the early or pre-pregnancy ferritin value, if available. It is ideal to estimate iron stores from haemoglobin concentrations or erythrocyte indices. Ferritin and haemoglobin do not correlate well, and haemoglobin serves as a substitute iron store marker only because it is easier and cheaper to determine. The whole point of iron supplementation is missed if it begins only after anaemia has developed. Given the worldwide prevalence of anaemia and iron deficiency,⁵ it is probably justifiable to expose all pregnant women to iron supplementation, bearing in mind that anaemia is potentially preventable.

Steer cites Pena-Rosas and Viteri's 2009 Cochrane review⁶ but ignores the 2012 update, which, on top of the 2009 findings of improved biochemistry and haematology, concluded that prenatal daily iron supplements reduced the risk of low birth weight and prevented maternal anaemia and iron deficiency.⁴

Oral iron is simple, effective, safe, and cheap. It also relies on the natural mechanism for regulating total body iron—the holotransferrin and apotransferrin receptors that determine the

iron content of intestinal cells⁷—thereby preventing iron overload. Coadministration with food can reduce side effects and poor adherence, although this may decrease absorption, particularly of ferrous preparations. I share Steer's concern about avoiding high haemoglobin concentrations. However, the need for such elementary precautions should not dissuade us from updating the recommendations for routine iron supplementation.

Competing interests: None declared.

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- 4 Pena-Rosas JP, De-Regil LM, Dowswell T, Viteri FE. Daily oral iron supplementation during pregnancy. *Cochrane Database Syst Rev* 2012;12:CD004736.
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